

Case Number:	CM14-0040637		
Date Assigned:	06/27/2014	Date of Injury:	01/13/2014
Decision Date:	07/31/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old female who reported an injury on 01/13/2014 due to a motor vehicle accident. The injured worker was diagnosed with bilateral neck sprain/strain, bilateral lumbosacral sprain/strain, left wrist sprain/strain and strain of other specified sites of the elbow and forearm. X-rays revealed no fractures to arms, wrists, or spine. The injured worker was given tramadol, cyclobenzaprine and naproxen for musculoskeletal pain. The injured worker was placed on conservative care including chiropractic care and an at home transcutaneous electrical nerve stimulation (TENS) unit. The physician evaluated the injured worker on 06/03/2014. Subjective complaints including left shoulder pain, left upper extremity pain and weakness, and lumbar pain and neck pain with headaches. The physician's objective findings showed no neurological or cognitive deficits. The physician did note absent knee jerks possibly due to nerve root irritation at about L3-4 level. A Request for Authorization Form was signed on 03/03/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Capacity Evaluation (spine): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The request for Functional Capacity Evaluation of the spine is certified. The Official Disability Guidelines (ODG) Functional Capacity Evaluation Guidelines recommend this program prior to admission to a work hardening program with preference for assessment tailored to a specific task or job. The guidelines for performing a Functional Capacity Evaluation include the following: a). Prior unsuccessful ready to work attempts, b). Conflicting medical reporting on precautions and/or fitness for modified work, or c). Injuries that require detailed exploration of a workers' abilities. Repeated attempts to return the injured worker to her job were unsuccessful. The injured worker has finished therapy treatments with subjective complaints remaining the same. Physical and objective assessments are conflicting with each other as well as with subjective complaints. As such, the request is certified.